

# CITY OF SANTA BARBARA LIVING WAGE REPORTING FORM

		Name of Contractor:						Address:			
		Payroll No.:	For Week Ending:				PO number:				
HOURS WORKED EACH DAY											
<b>Instructions:</b> Enter work date such 5-10-10 for Monday, May 10  EMPLOYEE NAME & LAST 4 NUMBERS OF SSN		DATE						TOTAL HOURS	HOURLY RATE OF PAY	DEDUCTIONS	HEALTH BENEFITS PAID
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				

CERTIFICATION MUST BE COMPLETED FOR EACH PAYROLL PERIOD AND SIGNED and MAILED TO:  
ATTN: PUCHASING DEPARTMENT/LIVING WAGE, P.O. BOX 1990 SANTA BARBARA, CA 93102  
Use additional sheets as necessary for additional employees and for other than weekly payrolls

I, \_\_\_\_\_, the undersigned, the \_\_\_\_\_ with the authority to act for and on the behalf of  
(Print Name) (Position in Company or Title)  
\_\_\_\_\_, certify under penalty of perjury that the records or copies thereof submitted and consisting of \_\_\_\_\_  
(Name of business/contractor) (no. of pages)

are originals or true, full, and correct copies of the originals which depict the payroll record(s).

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Date

Signature

**NOTE:** Contractor may provide reports from their payroll system in lieu of the City form if it contains the same information and is certified under the penalty of perjury to being accurate. **Report to be provide after each payroll period (e.g., weekly, bi-weekly, or monthly).**